

KENTUCKY BOARD OF AUCTIONEERS

500 Mero Street, 2NE09 Frankfort, Kentucky 40601 (502) 782-0722 auctioneers.ky.gov

CASE NO.	

COMPLAINT FORM

COMPLAINANT INFORMATION					
Your Name				Phone	
Address	City	State	Zip	Email	
		RESPONDENT IN	IFORMATION		
Auctioneer's Name				License Number	
Business Name				Phone	
Address	City	State	Zip	Email	
		PRELIMINARY	QUESTIONS		
 Has legal actio a. If yes, b. If yes, Did you sign a 	please attach a copin been initiated in the please attach copies please provide contract with the auplease attach a copy	nis case? s of all legal plead act information to actioneer?	Yes □ No dings filed in th for your lawyer Yes □ No		
		COMPLAIN	T DETAILS		
In the space provided below, describe the facts of your complaint in the order in which they occurred, stating the specific provisions of KRS Chapter 330 or 831 KAR Chapter 1 you allege were violated. Please either type or print clearly. You may attach additional sheets if necessary.					

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PROOF OF CLAIM				
Pursuant to KRS Chapter 330, all claims considered for reimbursement from the Auctionee	r's Education, Research			
and Recovery Fund must be properly supported, made in writing and submitted to the Bo	oard within twelve (12)			
months of the act of the auctioneer giving rise to your loss. Claims may be considered by the	Board upon conclusion			
of a final order entered by the Board, or by the court, if appealed. Only the value of a	•			
recovered. Emotional damages or expenses related to the complaint process will not be rein				
In the space provided below, please present an itemized list of all property for which you				
Attach additional pages as necessary. Additionally, attach any documents that may be usef				
market value for the item, such as copies of pictures, appraisals, deeds, titles, and verified sa	_			
market value for the feeling such as copies of procures, appraisans, accas, thres, and vermeu so	nes or sirinar recirio.			
CERTIFICATION				
I certify that the information provided in this Complaint and Proof of Claim is true and accura				
knowledge. I realize the serious nature of filing such a complaint and realize that there may	be penalties for false			
or misleading statements concerning such complaint.				
Complainant Signature: Date	:			
Sworn to before me this day of ,	Notary Seal			
Notary Public State of				
County of				
Mac Communication Francisco				
My Commission Expires				
Natan Cinastona				
Notary Signature				

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